

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		2-8-00
OR.P.E. CLASSIFIER	PK		2-14-00
FORMALITY REVIEW	DMIL	6914-7	4-2-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	11	
2	✓	13	
3	✓	15	
4	✓	17	
5	✓	19	
6	✓	21	
7	✓	23	
8	✓	25	
9	✓	27	
10	✓	29	
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42	✓	93	
43	✓	95	
44	✓	97	
45	✓	99	
46	✓	101	
47	✓	103	
48	✓	105	
49	✓	107	
50	✓	109	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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